Effective October 1, 2000												1264/14	48578. 1
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN					
TOTAL CLAIMS			39					RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			39 minus 20=		* 19			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		3			X40=			OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		<u> </u>	OR	+270=	****
* If	the difference	in column 1 is	less than ze	ero, enter "0" in column 2			ı	TOTAL			OR	TOTAL	
CLAIMS AS AMENDED - PART II								1017	<b>`</b>		JON	OTHER	THAN
	· ·	(Column 1)		(Column 2) (Column 3			SMALL ENTITY			NTITY	OR		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9	-		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	=		OR	X80=	, ,
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135			OR	+270=	
							L	TOT			l	TOTAL	
		(O = l 4)		<b>(0-1</b>	O\	· (Oal	4	ADDIT. F	EE		OR	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9:	-		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	- 1		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135:	_		OR	+270=	
								TOT ADDIT. F	AL			TOTAL ADDIT. FEE	-
(Column 1) (Column 2) (Column 3)								NODII. I				ADDN. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=	=		OR	X\$18=	
	Independent	*	Minus	***	F 01 *** *	=	<b> </b>	X40=	.		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>!</b>	+135=				+270=	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL	
**	If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI	S SPACE I	s less tha	n 20, enter "20.	." д	TOT DDIT. F	EE		OR	ADDIT. FEE	
		nber Previously Pa					er fou	nd in the	арр	ropriate box	(in co	lumn 1.	

Application or Docket Number